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Bib Data Sheet

CONFIRMATION NO. 5608

<b>SERIAL NUMBER</b> 09/920,467	<b>FILING DATE</b> 08/01/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> 9015.135US11
<b>APPLICANTS</b> Michael L. Blomquist, Andover, MN; <i>with</i> <b>** CONTINUING DATA *****</b> <i>705/3 Kalinowski 3626</i> THIS APPLICATION IS A CIP OF 09/631,000 08/02/2000 <i>with</i> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <i>with</i> <b>** 09/13/2001</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>with</i> Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 20 <b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23552 <i>with</i>				
<b>TITLE</b> Processing program data for medical pumps <i>with</i>				
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	